

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☐ Continuing Report due July 20, 2015

*Buckley For County Board*

Name of Candidate or Committee (in full)

*3266 West Point Rd*

Address (number and street)

*Green Bay WI 54313*

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

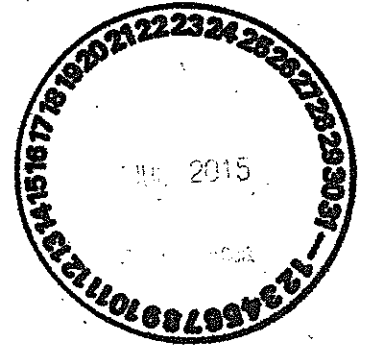
Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*[Signature]**7-23-15 820 497-3052*

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**\*\*\*End of Report\*\*\*****SHORT FORM – Use For “No  
Activity” Reporting Period**

# Brown County

## Campaign Finance Report Short Form EB-2a State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2015

Eisenheim for a Better Green Bay

Name of Candidate or Committee (in full)

843 Dowsman Street

Address (number and street)

Green Bay, WI 54303

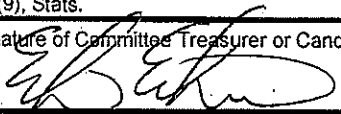
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone



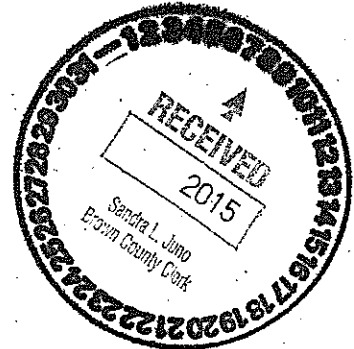
7/8/15

(920) 430-8338

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

\*\*\*End of Report\*\*\*

SHORT FORM – Use For “No  
Activity” Reporting Period



# CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

## COMMITTEE IDENTIFICATION

Name of Committee

*Friends of Patrick Evans*

Street Address

*328 David Drive*

City, State and Zip Code

*Green Bay, WI 54303-3307*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

## NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☒ July Continuing *2015* ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>2,250.00</i>	\$ <i>2,250.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>
1C. Other Income and Commercial Loans	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>2,250.00</i>	\$ <i>2,250.00</i>

### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>763.27</i>	\$ <i>763.27</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>763.27</i>	\$ <i>763.27</i>

## CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>136.33</i>
Total Receipts	\$ <i>2,250.00</i>
Subtotal	\$ <i>2,386.33</i>
Total Disbursements	\$ <i>763.27</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>1,623.06</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>- 0 -</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>2,100.00</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>JAY J. TIBBETTS, MD</i>	<i>Jay J. Tibbets, MD</i>	<i>7-16-15</i>
		Daytime Phone

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.60, 11.61, Wis. Stats.

GAB-21 (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name

*Friends of Patrick Evans*

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2/5/15	<i>Dennis Hogan</i> 201 Resound Dr. GIB, WI 54301		100.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>Alliance of Ben Hogan</i>		
2/19/15	<i>Paul Anthony</i> 3975 Wolf Run Road De Pere, WI 54115		100.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name:		
1/29/15	<i>Robert C. Gryniewicz</i> 201 Box 1256 GIB, WI 54305		25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>WPS Corp Conduit</i>		
1/29/15	<i>William Jankso</i> 1211 Wisconsin Dr GIB, WI 54311		25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>WPS Corp Conduit</i>		
1/29/15	<i>Mike Patrick Borkowski</i> 714 Fern Hillway GIB, WI 54311		25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>WPS Corp Conduit</i>		
1/29/15	<i>David Shoen</i> 3283 E. 10th Rd De Pere, WI 54115		25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>WPS Corp Conduit</i>		
1/27/15	<i>Thomas M. Ryan</i> 3230 Gray Hawk Trail GIB, WI 54313		25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name:		
1/1/15				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 325.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 325.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 325.00

Complete Committee Name

*Friends of Rev. L. Brown*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/10/15	<i>John Niling 1437 Trowell St Gib, WI 54304</i>		50.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/14/15	<i>Kathy Parnell 515 Sunset Dr Dunlap, WI 54208</i>		100.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/15/15	<i>Sharon Parnell 1339 N Sunnyside Rd Dunlap, WI 54115</i>	<i>Rev. L. Brown</i>	250.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/15/15	<i>Richard Parnell 1339 N Sunnyside Rd Dunlap, WI 54115</i>	<i>CEO - K1 International 1330 Barnwood St Gib, WI 54308</i>	250.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/15/15	<i>Kirk Stokowski 4039 S John Dr Dunlap, WI 54115</i>		50.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/15/15	<i>Paula D. Hines 2914 W 23rd St Gib, WI 54313</i>	<i>CEO Brookings Farm 400 S. Washington St Gib, WI 54301</i>	700.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/16/15	<i>John Brown 2410 S. Duane Dr Gib, WI 54313</i>		25.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		
11/20/15	<i>Ernest J. Hines 917 Doty St Gib, WI 54301</i>		50.00	
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 975.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 975.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 975.00

3045

# SCHEDULE 1-A

## RECEIPTS

Page 3 of 4

### Contributions (Including Loans) From Individuals

Complete Committee Name

*Friends of Patrick Evans*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/20/15	<i>Robert Brown 3486 Col. Vicks Rd Dorchester, WI 54115</i>		100.00	
1/20/15	<i>Leonard Thompson 1646 Park Ave Madison, WI 54956</i>	<i>President of AIG, Madison, WI 118 W. Jackson St Madison, WI 54456</i>	200.00	
1/20/15	<i>Ken Wicks 510 E. Main St GB, WI 54301</i>		100.00	
1/21/15	<i>Jonathan Brown 1494 Herring Ave GB, WI 54303</i>		50.00	
1/22/15	<i>Carl Hoffman 4479 Herring Ave D.P.M., WI 54115</i>	<i>Private</i>	150.00	
1/22/15	<i>Goofy Boy 2910 Franklin Ave GB, WI 54301</i>		50.00	
2/2/15	<i>Anthony Van Dyke N 2586 Madison Rd Hawthorne, WI 54130</i>	<i>Senior General Mgr - M3 480 Madison Ave GB, WI 54304</i>	250.00	
2/2/15	<i>Anthony Van Dyke N 2586 Madison Rd Hawthorne, WI 54130</i>		50.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 950.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 950.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 950.00

4 of 5

**SCHEDULE 2-A**
**DISBURSEMENTS**
**Gross Expenditures**

Page 4 of 4

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/15/15	Bedfordland Pharmacy, Inc. 610 George St Dorchester, MA 01915 Check if: <input type="checkbox"/> In-Kind Offset	Newsletters	425.17
6/15/15	115125 Yawards St Check if: <input type="checkbox"/> In-Kind Offset	Postage - Newsletters	320.10
11/1/15 to 6-1-15	Bedfordland Pharmacy, Inc. 3313 Bedfordland Dr. Suite A-1 Dorchester, MA 01915 Check if: <input type="checkbox"/> In-Kind Offset	Account Fees	18.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 763.27

TOTAL ITEMIZED EXPENDITURES \$ 763.27

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

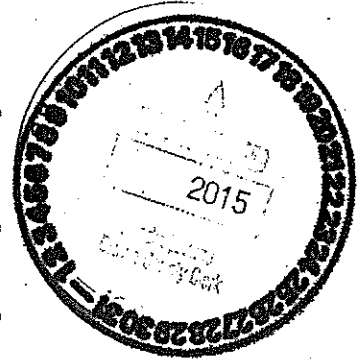
TOTAL EXPENDITURES \$ 763.27

**\*\*\*End of Report\*\*\***

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**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 15



Name of Candidate or Committee (in full)

Address (number and street)

City, State, Zip

*FRIENDS of John Gossage*  
*2430 EAST RIDGE TERRACE*  
*GREEN BAY WI 54311*

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*[Signature]* *07/16/15* *(920) 448-4222*

EB-2a (Rev. 9/95) (Reformatted 3/98) (2K 9/99)

**\*\*\*End of Report\*\*\***

**SHORT FORM – Use For “No  
Activity” Reporting Period**

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

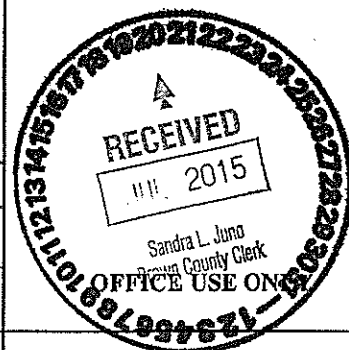
Friends of Staush Gruszynski

Street Address

1715 Dechner Ave

City, State and Zip Code

Green Bay WI 54302



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☒ July Continuing 15 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 245.00

1B. Contributions from Committees (Transfers-In)

\$ —

1C. Other Income and Commercial Loans

\$ —

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 245.00

**2. DISBURSEMENTS**

2A. Gross Expenditure

\$ 9.82

2B. Contributions to Committees (Transfers-Out)

\$ —

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 9.82

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 841.80

Total Receipts

\$ 245.00

Subtotal

\$ 1086.80

Total Disbursements

\$ 9.82

**CASH BALANCE END OF REPORT**

\$ 1076.98

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ —

**LOANS** (Balance at the Close of This Period-3B)

\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Staush Gruszynski

Signature of Candidate or Treasurer

[Signature]

Date: 7-20-15

Daytime Phone: 920.216.3793

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

 Page 1 of 2

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/10/15	Dennis Hughes Jr. 1452 N. Humboldt #14 Milwaukee, WI 53202		\$10.00	\$10.00
2/10/15	Dennis Hughes Jr. " "		\$10.00	\$20.00
3/10/15	Dennis Hughes Jr. " "		\$10.00	\$30.00
4/10/15	Dennis Hughes Jr. " "		\$10.00	\$40.00
5/10/15	Dennis Hughes Jr. " "		\$10.00	\$50.00
6/1/15	Stasha Groszner 1715 Dickner Ave Green Bay, WI 54302		\$20.00	\$70.00
6/16/15	Matthew Danenberg 252 E. Hill Pky Apt 102 Madison, WI 53718	Field Director WLCU 133 S. Butler St. #320 Madison WI. 53703	\$125.00	\$195.00
6/26/15	Anne Sayers 6546 Loral Circle Madison, WI 53717		\$25.00	\$220.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$220

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

204

**RECEIPTS**  
Contributions from ~~Committees~~ *Individuals*  
(Transfers-In)

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
6/28/15	Jared Vogelstein 507 W Wisconsin St. #4404 Madison, WI 53705	\$25.00	\$25.00
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 25.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 245.00	

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/10/15	Paypal 2211 N. First St. San Jose CA 95131	Fees for Service	2.95
6/15/15	Paypal "	"	4.81
6/30/15	Paypal "	"	2.06
/ /			
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 9.82

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

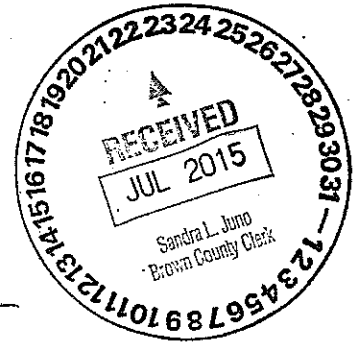
\$ 9.82

\*\*\*End of Report\*\*\*

4 of 4

<b>Campaign Finance Report</b> Short Form EB-2a State Elections Board	
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, <u>2015</u>



Name of Candidate or Committee (in full) Freinds of Julie Jansch

Address (number and street) 2574 Oakwood Dr.

City, State, Zip Green Bay, WI 54304

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*Julie Jansch*

7/18/15

920-499-8805

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**\*\*\*End of Report\*\*\***

**SHORT FORM – Use For “No Activity” Reporting Period**

**Campaign Finance Report**Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, **2015**

Name of Candidate or Committee (in full)

*Sandy Juno*

Address (number and street)

*616 Dauphin St.  
Green Bay, WI 54301*

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

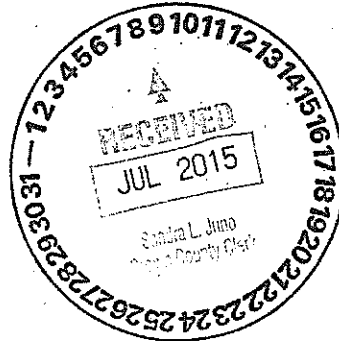
Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*Sandy L. Juno**7-8-15**920.448.4021*

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**\*\*\*End of Report\*\*\*****SHORT FORM – Use For “No  
Activity” Reporting Period**

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2015

Name of Candidate or Committee (in full) Friends of CAROL Kelso

Address (number and street) 11320 N. CRESTVIEW DR.

City, State, Zip Fountain Hills, AZ 85268

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Carol Kelso

Date

7/17/15

Daytime Phone

480 584 3628

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**\*\*\*End of Report\*\*\***



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 15

Thomas Lard  
Name of Candidate or Committee (in full)

2091 Magny  
Address (number and street)

Swamico WI 54313  
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

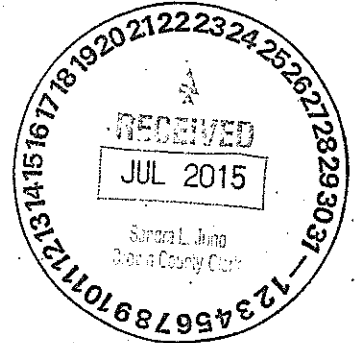
Daytime Phone

[Signature]

7/22

920 662-2355

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**\*\*\*End of Report\*\*\***

**SHORT FORM – Use For “No  
Activity” Reporting Period**

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Chuck Mahlik

Street Address

3103 S Clay St

City, State and Zip Code

Green Bay, WI 54301

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☒ July Continuing 2015 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 91.05	\$ 91.05
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 91.05	\$ 91.05

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 50.75	\$ 50.75
2B. Contributions to Committees (Transfers-Out)	\$ 996.68	\$ 996.68
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,047.43	\$ 1,047.43

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 956.38
Total Receipts	\$ 91.05
Subtotal	\$ 1,047.43
Total Disbursements	\$ 1,047.43
<b>CASH BALANCE END OF REPORT</b>	\$ 0
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Charles T. Mahlik

Signature of Candidate or Treasurer

Charles T. Mahlik

Date: 7/20/15

Daytime Phone: (920) 360-3453

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**SCHEDULE 1-C**
**RECEIPTS**  
 Other Income and Commercial Loans

 Page 2 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
3/30/15	Gannett Wisconsin Media PO Box 59 Appleton, WI 54912	Refund Advertising	91.05	
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use
/ /		Type of Income	Amount	Office Use

SUBTOTAL OTHER INCOME THIS PAGE

\$ 91.05

TOTAL ITEMIZED OTHER INCOME

\$ 0

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

\$ 0

TOTAL OTHER INCOME

\$ 91.05

2 of 6

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 3 of 5

Complete Committee Name

Friends of Chuck Mahalik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
4/7/15	Bluehost 560 Timpanogos Pkwy Orem, UT 84097 Check if: <input type="checkbox"/> In-Kind Offset	Website Domain Name	23.88	
4/8/15	Bluehost 560 Timpanogos Pkwy Orem, UT 84097 Check if: <input type="checkbox"/> In-Kind Offset	Security for website Domain Name	26.87	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 50.75	
TOTAL ITEMIZED EXPENDITURES			\$ 50.75	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 50.75	

3 of 6

**SCHEDULE 2-B**

# **DISBURSEMENTS** **Contributions To Committees** **(Transfers-Out)**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
7/20/15	Charles T. Mahlik 3107 S Clay St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	996.68	
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 996.68	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 996.68	

4 of 6

**SCHEDULE 3-B**

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Page 4 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 4/14/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	500.00	0	0	500.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 5/14/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	500.00	0	0	500.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 6/16/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	0	0	1,000.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2,000.00

TOTAL OUTSTANDING LOANS \$ 4,500.00

5 of 6

**SCHEDULE 3-B**

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Page 5 of 5

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
9/2/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	0	0	1,000.00
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			
10/11/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	1,000.00	0	0	1,000.00
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			
10/29/14	Charles Mahlik 3103 S Clay St Green Bay, WI 54301	500.00	0	0	500.00
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding \$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 2,500.00

**\*\*\*End of Report\*\*\***

TOTAL OUTSTANDING LOANS

\$ 4,500.00

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**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

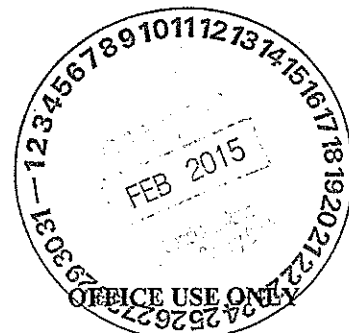
MOYNIHAN COMMITTEE FOR BETTER GOVERNMENT

Street Address

2444 BABCOCK ROAD

City, State and Zip Code

GREEN BAY, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☒ July Continuing 2015 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ —	\$ —

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 614.87	\$ 614.87
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 614.87	\$ 614.87

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 614.87
Total Receipts	\$ —
Subtotal	\$ 614.87
Total Disbursements	\$ 614.87
<b>CASH BALANCE END OF REPORT</b>	\$ 0.00
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

PATRICK W. MOYNIHAN, JR.

Signature of Candidate or Treasurer

*Patrick Moynihan*

Date: 02/09/15

Daytime Phone: 920.492.2302 (w)

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

# **SCHEDULE 2-A**

## **DISBURSEMENTS** Gross Expenditures

Page 1 of 1

Complete Committee Name

MOYNIHAN COMMITTEE FOR BETTER GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
01/29/15	PATRICK W. MOYNIHAN, JR. 2444 BARBCK ROAD GREEN BAY, WI 54313 Check if: <input type="checkbox"/> In-Kind Offset	RETURNED FUNDS TO SELF	614.87
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 614.87
TOTAL ITEMIZED EXPENDITURES			\$ 614.87
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —
TOTAL EXPENDITURES			\$ 614.87

2 of 3

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

MOYNIHAN COMMITTEE FOR BETTER GOVERNMENT

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS***THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
01/29/15	PATRICK W. MOYNIHAN, JR. 2444 BABCOCK RD GREEN BAY, WI 54313	614.87

**LOAN OR DEBT FORGIVENESS***I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



Signature of Candidate or Treasurer

February 9, 2015

Date

3 of 3

**\*\*\*End of Report\*\*\***

# Campaign Finance Report

Short Form EB-2a  
State Elections Board



☐ Spring ☐ Fall ☐ Special Pre-Primary \_\_\_\_\_ ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election \_\_\_\_\_ ☐ Continuing Report due July 20, 2015

Name of Candidate or Committee (in full)

Andy Nicholson

Address (number and street)

800 Venus Dr.  
Green Bay WI 54311

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 6/98) (Y2K 9/99)

8/5/15 465 3564

\*\*\*End of Report\*\*\*

SHORT FORM – Use For “No  
Activity” Reporting Period

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

*VOTE TIM NOWAK*

Street Address

*P.O. Box 12102*

City, State and Zip Code

*GREEN BAY, WI 54307*

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☒ July Continuing *2015* ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>Ø</i>	\$ <i>140<sup>00</sup></i>
1B. Contributions from Committees (Transfers-In)	\$ <i>Ø</i>	\$ <i>Ø</i>
1C. Other Income and Commercial Loans	\$ <i>Ø</i>	\$ <i>Ø</i>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>Ø</i>	\$ <i>140<sup>00</sup></i>

**2. DISBURSEMENTS**

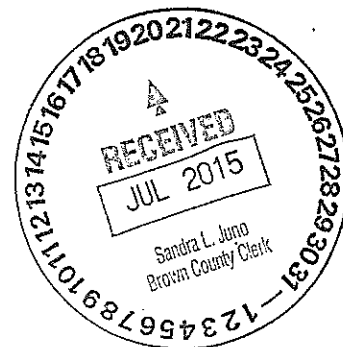
2A. Gross Expenditures	\$ <i>195.31</i>	\$ <i>331.47</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>Ø</i>	\$ <i>Ø</i>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>195.31</i>	\$ <i>331.47</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>Ø<sup>00</sup></i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>Ø</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>Ø</i>

*\*191.47 Personal Contribution*

*\*191.47 Personal Contribution*



I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

*TIMOTHY J. NOWAK*

Signature of Candidate or Treasurer

*[Signature]*

Date: *7/16/15*

Daytime Phone: *(920) 621-9838*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page 1 of 1

Complete Committee Name

VOTE TIM NOWAK

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/25/15	TIMOTHY J. NOWAK (SELF)	(SELF)	\$191.47	\$191.47
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

191.47

2 of 4

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

 Page 1 of 1

Complete Committee Name

VOTE TIM NOWAK

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/25/15	VISTA PRINT	YARD SIGNS/ ADVERTISING	\$195.31
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$

195.31

3 of 4

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

VOTE Tim Nowak

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

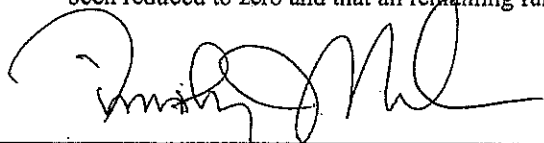
**DISPOSAL OF RESIDUAL FUNDS***THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
(ZERO BALANCE)		

**LOAN OR DEBT FORGIVENESS***I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
(NONE)		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



Signature of Candidate or Treasurer

Date

2/16/15

4 of 4

**\*\*\*End of Report\*\*\***

# CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is this report an  
Amendment?

COMMITTEE IDENTIFIC Friends of Dan Robinson

Name of Committee Friends of Dan Robinson

Address 446 Cook Street

City, State, ZIP De Pere, WI 54115

OFFICE USE ONLY  
GAB # ID 105501

NAME OF REPORT July 2015 Continuing

Activity from 1/1/2015 - 6/30/2015

## SUMMARY OF RECEIPTS AND DISBURSEMENTS

### 1. RECEIPTS

A. Contributions including Loans from Individuals  
B. Contributions from Committees (Transfers-In)  
C. Other Income and Commercial Loans  
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)

### 1. DISBURSEMENTS

A. Gross Expenditures  
B. Contributions to Committees (Transfers-Out)  
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

### CASH SUMMARY

Balance at Beginning of Report	\$ 1,105.31	
Total Receipts	0.24	
Subtotal	1,105.55	
Total Disbursements	20.20	
CASH BALANCE AT END OF REPORT	1,085.35	
INCURRED OBLIGATIONS (at close of period)	\$ -	
LOANS (at close of period)	\$ 1,500.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Dan Robinson

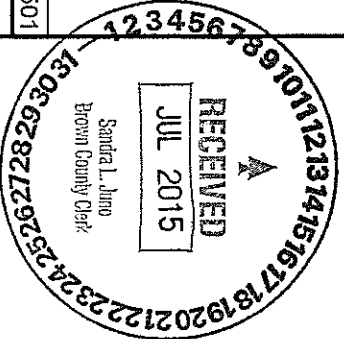
Signature of Candidate or Treasurer

*Dan Robinson*

Date

7/13/15  
Daytime Phone 920-857-4775

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.  
Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats.



CAMPAIGN FINANCE REPORT STATE OF WISCONSIN				2 of 5	
Is this report an Amendment?				OFFICE USE ONLY GAB # ID 105501	
COMMITTEE IDENTIFY Friends of Dan Robinson					
Name of Committee Friends of Dan Robinson					
Address 446 Cook Street					
City, State, ZIP De Pere, WI 54115					
NAME OF REPORT July 2015 Continuing Activity from 1/1/2015 - 6/30/2015					
<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>					
<b>1. RECEIPTS</b>		Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals		0.00			
B. Contributions from Committees (Transfers-In)		0.00			
C. Other Income and Commercial Loans		0.24	\$ 0.24		
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)		0.24	\$ 0.24		
<b>1. DISBURSEMENTS</b>					
A. Gross Expenditures		20.20	\$ 20.02		
B. Contributions to Committees (Transfers-Out)		0.00			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)		20.20	\$ 20.02		
<b>CASH SUMMARY</b>					
Cash Balance at Beginning of Report		\$ 1,105.31			
Total Receipts		0.24			
Subtotal		1,105.55			
Total Disbursements		20.20			
<b>CASH BALANCE AT END OF REPORT</b>		1,085.35			
<b>INCURRED OBLIGATIONS</b> (at close of period)		\$ -			
<b>LOANS</b> (at close of period)		\$ 1,500.00			
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Candidate or Treasurer		Signature of Candidate or Treasurer		Date	
				Daytime Phone	

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

**SCHEDULE Commercial**  
**1-C Loans**

DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	REASON FOR INCOME	AMOUNT	COMMENTS
02/28/15	Harbor Credit Union			800 Weise St	Green Bay	WI	54302	Interest Income	\$ 0.05	
03/31/15	Harbor Credit Union			800 Weise St	Green Bay	WI	54302	Interest Income	\$ 0.06	
04/30/15	Harbor Credit Union			800 Weise St	Green Bay	WI	54302	Interest Income	\$ 0.04	
05/31/15	Harbor Credit Union			801 Weise St	Green Bay	WI	54302	Interest Income	\$ 0.05	
06/30/15	Harbor Credit Union			802 Weise St	Green Bay	WI	54302	Interest Income	\$ 0.04	

SCHEDULE 2-A

contributions to other  
committees)

IN-KIND	PERSONAL LOAN PYMT	DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	EXPENSE PURPOSE CODE	AMOUNT	COMMENT S	IND. EXP/RECOUN T
		01/31/15	Harbor Credit Union			800 Weise Street	Green Bay	WI	54302	ADMBF	10.00		
		02/28/15	Harbor Credit Union			800 Weise Street	Green Bay	WI	54302	ADMBF	10.00		
		03/31/15	Harbor Credit Union			800 Weise Street	Green Bay	WI	54302	ADMBF	0.20		

### Loans: Individual, Committee or Commercial

[illegible]

\*\*\*End of Report\*\*\*

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2015

Citizens for Seiber

Name of Candidate or Committee (in full)

480 Maskers Lane  
Address (number and street)  
Green Bay, WI 54311  
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

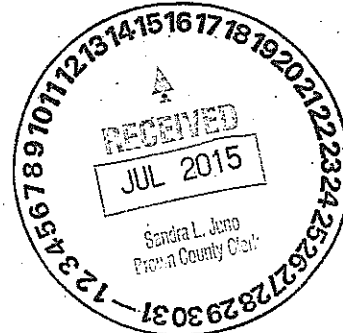
[Signature]

7.15.15

920.680.6366

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

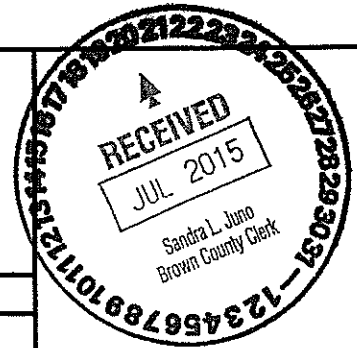
**\*\*\*End of Report\*\*\***



**SHORT FORM – Use For “No  
Activity” Reporting Period**

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is this report an  
Amendment?



**COMMITTEE IDENTIFICATION**

Name of Committee Streckenbach for Brown County Executive  
Address PO Box 22283  
City, State, ZIP Green Bay, WI 54305

OFFICE USE ONLY  
GAB # ID

**NAME OF REPORT** Jan 20\_\_ Continuing Pre-Primary 20\_\_ Spring Fall Special  
July 2015 Continuing Pre-election 20\_\_ Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 1,225.00	\$ 28,479.92		
B. Contributions from Committees (Transfers-In)	\$ -	\$ 2,150.00		
C. Other Income and Commercial Loans	\$ -			
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ 1,225.00	\$ 30,629.92		

**1. DISBURSEMENTS**

A. Gross Expenditures	\$ 40,624.81	\$ 50,471.58		
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 40,624.81	\$ 50,471.58		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 74,384.02		
Total Receipts	\$ 1,225.00		
Subtotal	\$ 75,609.02		
Total Disbursements	\$ 40,624.81		
<b>CASH BALANCE AT END OF REPORT</b>	\$ 34,984.21		
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -		
<b>LOANS</b> (at close of period)	\$ 5,427.82		

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer

Troy Streckenbach

Signature of Candidate or Treasurer

Email

Date 6/30/2015

Daytime Phone 920-288-2231

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | web: <https://cfis.wi.gov> | email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Streckenbach for Brown County Executive

PERSONAL INFORMATION		SCHEDULE 1-A		Contributions Including Loans from Individuals														
PERSONAL ID NUMBER	CONDUIT ID NUMBER	DATE	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	OCCUPATION/TITLE	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP/ZIP CODE	AMOUNT			
		4/9/2015	Schneider	James	1430 Marine St	Green Bay	WI	54301	Self-Employed		1430 Marine	Green Bay	WI	54301	500.00			
		4/9/2015	Pletcher	Kathy	515 Sunset Ct.	Denmark	WI	54208							50.00			
		4/9/2015	Popkey	Daniel	815 Nicolet Ave	DePere	WI	54115							50.00			
		4/9/2015	Smet	Scott	1428 Fox River Dr	DePere	WI	54115	Contractor	Smet	300 N. Broadway	Green Bay	WI	54303	500.00			
		4/9/2015	Cradler	Fredric	3481 Nicolet	Green Bay	WI	54311							25.00			
		6/30/2015	Pandl	James	1189 Pleasant Valley	Oreida	WI	54155							100.00			

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[illegible]

Page 1 of 1

### Other Income and Commercial Loans

[illegible]

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SCHEDULE 2-A

Gross Expenditures (NOT contributions to other committees)

IN- LOAN PYMT	PERSONAL	DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	EXPENSE PURPOSE CODE	AMOUNT
		03/24/15	The Wurzburg Company			6426 Wydown Circle	Middleton	WI	53562	MEDGD	1,700.00
		03/30/15	Kuehne Printing			401 N Quincy	Green Bay	WI	54301	MSERV	37,684.29
		04/07/15	Green Bay Distillery			835 Potts	Green Bay	WI	54304	PEN	854.55
		04/09/15	Kuehne Printing			401 N Quincy	Green Bay	WI	54301	PCP	83.79
		04/02/15	USPS			118 N Monroe	Green Bay	WI	54301	POST	34.00
		04/01/15	Office Max			1535 W Mason	Green Bay	WI	54303	POST	98.00
		04/25/15	Facebook			1601 Willow Road	Menlo Park	CA	94025	MEDO	145.38
		04/06/15	Paypal			2211 N First Street	San Jose	CA	95131	BC	14.80

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**SCHEDULE 2-B**

### Contributions to Committees

[illegible]

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### Incurring Obligations Excluding Loans

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**SCHEDULE 3-B**

**Loans: Individual, Committee or Commercial**

[illegible]

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**\*\*\*End of Report\*\*\***

# Campaign Finance Report

Short Form EB-2a  
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 15

Friends of Vander Leest  
Name of Candidate or Committee (in full)

1122 Beech Tree Drive  
Address (number and street)

Green Bay, WI 54304  
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

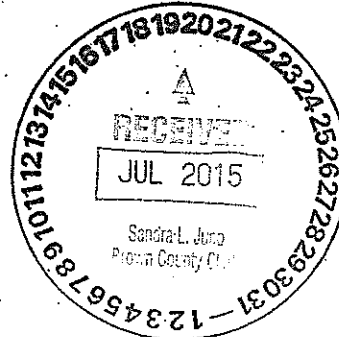
Date

Daytime Phone

John Vander Leest  
7/17/15  
920-443-4179

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

\*\*\*End of Report\*\*\*



SHORT FORM – Use For “No  
Activity” Reporting Period

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board



☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, \_\_\_\_\_  
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2015

**ZELLER FOR TREASURER**  
Name of Candidate or Committee (in full)  
Address (number and street) 3228 Bitters Court  
City, State, Zip Green Bay, WI 54301

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone (920)
<u>Paul S. Zeller</u>	<u>7/16/15</u>	<u>448-6321</u>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**\*\*\*End of Report\*\*\***

**SHORT FORM – Use For “No  
Activity” Reporting Period**